

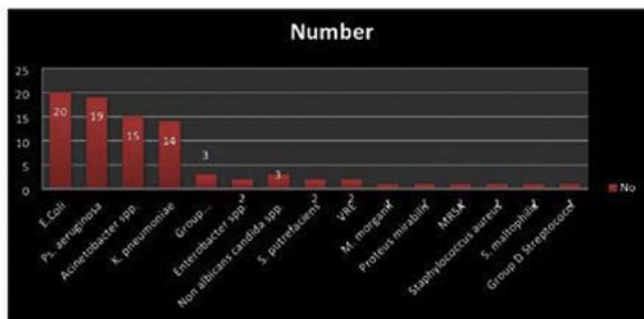


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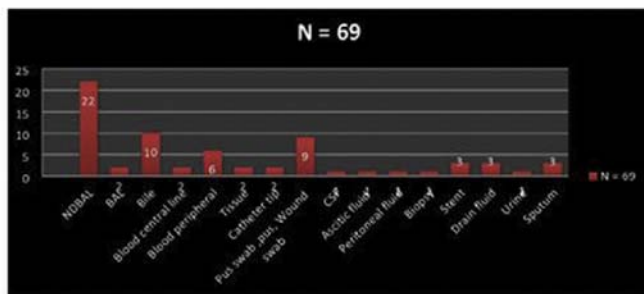
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with COVID-19 for ≥ 48 hours between April 2020 to July 2020 were included in the study.

Results: A total of 9595 cancer patients were tested for SARS Coronavirus 2 between April 2020 to July 2020 in the department of Microbiology, Tata Memorial Hospital, Mumbai. Out of these 2380 (24.80%) were COVID-19 positive. 30 (1.26%) of the patients tested positive for COVID 19 required ICU admission. Squamous cell carcinoma (3), Pancreatic Cancer (3) and Breast Cancer (3) were most commonly involved cancer types. 20/30 of these patients had bacterial super infections while 10/30 had co infections. NDBAL 22 (31.88%) constituted the major source of infection, followed by BILE 10 (14.49%), PUS, PUS SWAB & WOUND SWAB 9 (13.04%). Most commonly isolated organisms was *E. coli* 20 (23.25%), followed by *Pseudomonas aeruginosa* 19 (22.09%), *Acinetobacter* spp. 15 (17.44%) and *Klebsiella pneumoniae* 14 (16.27%) respectively. *E. coli* & *K. pneumoniae* were most commonly sensitive to Amikacin (63.63%) and Tigecycline (57.57%). *Ps. aeruginosa* was moderately sensitive to commonly used antibiotics like Piperacillin – tazobactam, Cefazidime, Cefoperazone sulbactam (42.85%) and Ciprofloxacin, Tobramycin (38.09%)



Number of samples for bacterial cultures in patients with COVID-19



Detailed epidemiology of microbiological documented Organisms isolated in patients hospitalized with COVID-19

Conclusions: Understanding the proportion of COVID-19 patients with acute respiratory bacterial co-infection, and the culprit pathogens, is crucial for treating patients with COVID-19 and to help ensure responsible use of antibiotics and to minimize negative consequences of overuse.

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EVALUATION OF MULTIPLE RTPCR KITS FOR DETECTION OF SARS COV-2 RNA

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Background: Past one year has set in an unprecedented and rather disturbing situation in the entire world especially for the medical community as the COVID-19 pandemic engulfed the world. In all this chaos, the first and foremost step in curbing the spread of infection is detection of infection by with the best sensitivity RT-PCR kit. This led to mass production of plethora of kits for real time PCR. This on one hand helps and empowers but at the same time can cause confusion in results and reporting. This study compares most commonly available RT-PCR kits in hope to form some sort of standardisation and develop a clarity about

their sensitivities and make decision accordingly.

Methods: A total of 104 samples (42 positive and 62 negative) processed by GeneXpert™ for detection of SARS-CoV-2 were included in the study. These were analysed using 8 commonly available SARS-CoV-2 diagnostic RT-PCR kits in India. Cartridge based NAT was used as it minimizes the observer variation. The CT values were compared with respect to different kits. Sensitivity, Specificity, PPV and NPV were calculated for each kit. Agreement of different kits was evaluated using Kappa analysis.

Results: Variable positivity rates were recorded by different kits. Maximum agreement was seen with SD-Biosensor. Positivity of these samples by various kits ranged from 38.4% to 9.6%.

Conclusions: Use of different kits can lead to variable results causing change in reporting. As the targets for each kit and reporting threshold is different, it becomes important to adhere to kit instructions and mention kit in reports.

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ROLE OF CURRENCY NOTES IN THE TRANSMISSION OF SARS-COV-2 INFECTION.

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Background: Droplet transmission is the main mode of transmission for SARS-CoV-2. Contact transmission through fomites is another important mode of transmission. Amongst fomites, currency notes carry a high risk of SARS-CoV-2 transmission because of frequent handling. They also provide ample surface area to harbor micro-organisms. As there is limited data currently available on this subject, the study was planned to determine the presence of SARS-CoV-2 on commonly circulating currency notes by detecting viral RNA using real time PCR.

Methods: A total of 71 creased and visibly well circulated notes of monetary value Rs. 10, 100 and 500 were included in the study, collected through normal monetary transaction from the busy shops in designated areas in Delhi (inside and outside containment zones). Two nylon flocked swabs moistened with viral transport medium were rubbed on the obverse and reverse sides of the notes and then kept in screw capped tubes containing 1 ml of VTM till further processing at 2-8. RNA extracted was tested for the presence of SARS-CoV-2 by real time PCR as per NIV protocol.

Results: Among the 71 currency notes tested for the presence of SARS-CoV-2 RNA by RT-PCR, three samples tested positive for SARS-CoV-2 RNA (4.2%). All the three positive samples were collected from containment zones.

Conclusions: Currency notes may be a potential mode of human-to-human transmission. Considering the widespread magnitude of the pandemic and the remarkable stability of the virus on smooth surfaces, caution is warranted while handling currency notes. Hence, contactless transactions/ digital transactions should be recommended as the best options in the ongoing pandemic

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Abstracts-COVID 19

PREVALENCE OF COVID-19 AMONG SYMPTOMATIC AND ASYMPTOMATIC CASES IN PAEDIATRIC POPULATION AT HYDERABAD

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Background: COVID-19 caused by SARS CoV 2 has emerged into a global pandemic. Paediatric COVID-19 infection is relatively mild when compared to adults, and children are reported to have a better prognosis. Mortality in children appears rare. Many infected children are often asymptomatic and remain undiagnosed without population screening. Due to these reasons children can be potential source of infection and may lead to higher transmission. Therefore knowledge on prevalence of asymptomatic and symptomatic cases among children is essential for effective control of COVID

Methods: Nasopharyngeal Samples received at VRDL which were collected from children from 1st June to 30th November of 2020 were subjected to RT-PCR for detection of SARS CoV-2 RNA and the Positive cases were correlated with the